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The development and implementation of aquatic exercise programs for the aged are discussed in this paper. Program development includes a discussion of training principles, exercise leadership and the setting up of safe water exercise programs for the participants. The advantages of developing water exercise programs and not swimming programs are numerous and include a decreased stress on skeletal muscle, therapeutic advantages over jogging and decreased incidence of injury. Obvious disadvantages include the need for a swimming facility and trained support personnel. However, the benefits of properly implemented water exercise programs far outweigh the disadvantages and suggestions for overcoming the inherent disadvantages are discussed within the paper. Legal liability of the instructor and sponsoring organization is discussed and examples of a physicians consent form, a medical history questionnaire and an informed consent form for program participants are included. Lastly, water exercise programs for the aged are discussed and examples and descriptions of warm up activities, cardiovascular conditioners and cool down activities are included within the paper. (Author)

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AQUATIC EXERCISE FOR THE AGED

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ABSTRACT

The development and implementation of aquatic exercise programs for the aged are discussed in this paper. Program development includes a discussion of training principles, exercise leadership and the setting up of safe water exercise programs for the participants. The advantages of developing water exercise programs and not swimming programs are numerous and include a decreased stress on skeletal muscle, therapeutic advantages over jogging and a decreased incidence of injury. Obvious disadvantages include the need for a swimming facility and trained support personnel. However, the benefits of properly implemented water exercise programs far outweight the disadvantages and suggestions for overcoming the inherit disadvantages are discussed within the paper. Legal liability of the instructor and sponsoring organization is discussed and examples of a physicians consent form, a medical history questionnaire and an informed consent form for program participants is included. Lastly, water exercise programs for the aged are discussed and examples and descriptions of warm up activities, cardiovascular conditioners and cool down activities are included within the paper.

AQUATIC EXERCISE FOR THE AGED

Hopefully, it is well established that proper exercise is good for people, no matter their age! A senior citizen has much to gain from starting an exercise program, and more to gain from continuing that program through the lifespan. Research continues to substantiate that contention, as do the testimonials of participants with a perceived increase in quality of living. The real key, though, is in the proper exercise. The principles of duration, intensity, frequency, overload, progression, etc., apply to all exercise and will not be repeated in this section. You are encouraged to review those sections which explain those principles, their procedures, and their limitations. Our purpose here is to examine a specific mode of exercise--exercise in the water.

Water exercise is unique because of its aquatic environment. This environment offers advantages which may make it the exercise of choice for a great number of people. Its major advantage is that it provides decreased stress on the joints; this may be the factor which makes water exercise the only logical exercise choice for many people! The body is lifted to some extent by the water, thereby decreasing the amount of stress on the weight-bearing joints (the extent of lift, or buoyancy, is dependent on the percentage of body fat, body size, and proportion of the body in the water versus out of the water). Many people are not able to walk/jog or participate in other forms of exercise because of deteriorated or weak ankles, knees, hips, and backs, but many of these people can exercise in the water painlessly! Those suffering from arthritis may be able to rejuvenate damaged joints while improving cardiovascular, respiratory, and muscular fitness. Non-weight-bearing joints

(wrists, shoulders, neck) can be moved against resistance (the water) without the added strain of supporting the total weight of the body part. Water therapy has long been a part of rehabilitation programs, but it is only recently that we have begun to capitalize on these features of water exercise and place it in an exercise program. This decreased stress on the skeletal structure, along with the resultant decreased incidents of injury, will lead to even greater use of water exercise, especially with an aging population.

In the past many people have felt that water exercise could only attract a limited population because of the necessity of swimming ability. However, swimming ability is not a prerequisite for entrance into a water exercise program. Please notice that the term "water exercise" is used in this section rather than the term "swimming." The benefits of exercise can be obtained in the water without swimming at all. No swimming skills are required to start a water exercise program. Certainly this is an environment in which certain safety measures must be taken, and I would not advocate placing undue danger on anyone. Lifeguards with training in handling emergency situations should be present at all times, and the pool setting should be controlled so that there is a sense of calm and control around any participant with any doubts about his or her swimming ability. But a great beauty of water exercise is the ability to meet the standards of beneficial exercise while keeping the feet on the bottom in relatively shallow water, or with the hand firmly in contact with the side of the pool. Many a successful water exercise workout has been accomplished with the hair dry and intact and makeup still on!

Also with the emphasis on "water exercise" rather than "swimming," more people can use a facility at the same time, and more socializing can be done since the head is out of the water and one is not practicing the lonely art

of swimming laps. In fact, water workouts are now being choreographed to music and may soon sweep the country the way dance and exercise to music has done recently.

Not that water exercise is without its disadvantages. This unique form of exercise has its unique problems as well. Let's first look at the obvious: a swimming facility is needed. Water exercise is not as convenient as walking/jogging, where very little is needed in the way of a facility, nor is it as cheap as stationary cycling to purchase the necessary equipment. But pool availability is not as big a problem as it once was. Many care facilities for the elderly now build pools into their complexes. Many YMCA's, YWCA's, Boys' Clubs, universities and community centers have pools and are willing to make arrangements for exercise sessions; and there may be access to private facilities such as health clubs. The initial capital outlay for this exercise facility is larger than one would encounter in other forms of exercise, but it is not one that is usually made by an individual. So this is only a different kind of obstacle, and certainly not one that is insurmountable. The facilities are there, and in most cases the costs are not forbidding.

One factor which is often overlooked or ignored in other forms of exercise must be accounted for in water exercise: support and safety personnel. Lifeguards are a necessity for water exercise. A person engaging in other forms of exercise may be considered to have assumed the risk for accident or emergency. In a swimming pool, that risk is assumed by the pool management. Consequently, lifeguards and supervisory personnel must generally be accepted as another factor to consider in establishing a water exercise program.

Many people enter into exercise programs with fat loss and weight loss as one of, if not the primary, motivation. A caloric imbalance caused by any type of exercise will help in a fat/weight reduction program. But one thing must be understood--swimming does not promote the same degree of fat and weight loss as do some other forms of exercise. Don't panic! Water exercise will help in a weight reduction program, but it may not cause the extremes of losses that the same amount of, say, walking/jogging will cause. The reasons for this are not fully understood. Certainly it is due in part to the fact that water exercise is a "non-weight-bearing" (or at least "reduced weight-bearing") exercise. That is, the body weight is not the resistance which must be moved in exercising, so less actual work is done in movement, and less calories are burned per unit of time. Also, the body seems to have a mechanism for retaining some fat as insulation against the cooler environment in the water. It is debatable as to whether or not that is a necessity, but genetically it appears we fall back on prehistoric protective devices in this case. Nevertheless, the increased caloric expenditure caused by water exercise, combined with prudent dietary measures, will aid a person in his fat loss and weight loss program.

Before Getting in the Water...

A number of safety precautions should be covered prior to beginning an exercise program. The first concern of these precautions is that participants not unknowingly place themselves in a dangerous situation. The more that is known about a participant, the more individualized the exercise can be and therefore greater benefit is realized. But another concern which cannot be minimized is the legal liability of the instructor and sponsoring organization.

Keep in mind that no precaution can legally overcome negligence. But obtaining participant information, professional opinions of health status, and fully informing participants will go far to establish that a program has taken prudent safety measures.

First, any participant over the age of 35 should have a medical examination by a physician. If that person has had an exam within the previous year, it still may not be adequate if the examining physician did not know that the patient would be undertaking exercise. The physician should be informed of the exact nature of the exercise program, so that the degree of stress the patient will face is known. An example of such notice is given in Example 1.

The physician will then decide the extent of examination called for at that time. Each physician has a preferred base of medical history and areas of examination. The form, which should be kept on file, should provide indications that the physician found nothing to indicate that the patient should not participate in the program. (Many physicians are not willing to state that a person should participate; only that no reason was found that they should not. The wording might affect insurance reimbursement for the exercise program. Local attitudes and policies will dictate the exact wording on the form.)

Second, the instructor and other program personnel need information about the participant. A medical history questionnaire, modified from the YMCArdiac Therapy, is included in Example 2. A form of this type might be used in conjunction with the medical exam. In any case, things such as family history, medications, past exercise habits, injuries, infirmities, and primary risk factors should be known by program management.

Third, the participant should know exactly what will be expected in the program. An Informed Consent is found in Example 3. Any Informed

Consent should include not only a description of activities, but the risks and benefits which might result from participation. It should be clearly understood by instructor and participant alike that intensity, duration, and even continuation of exercise is purely voluntary. This presents a challenge for the instructor; there is a fine line between motivating participants and removing the voluntary nature of the exercise.

The Exercise Program

Let me restate that this type of exercise program should adhere to all the principles of exercise prescription and exercise leadership previously discussed. What we are about to embark on is a look at some of the water exercises you can use; they should be used in the correct way, as dictated by those principles of exercise.

Also please understand that this will be only a sampling of some of the exercises you might use. There are other sources, some of which are included in the bibliography. But your imagination may be your most prolific source. If it fits within the framework of the exercise principles, use it!

The warm-up exercises can also be used as cool-down exercises. For many people in poor physical condition, the warm-up exercises may also serve as cardiovascular exercises. Whatever the case, the instructor and the participant must work together to stay within the guidelines for exercise. All the exercises are designed to be performed in water which is waist-deep to chest-deep.

Warm-up Exercises

Morning Stretch - stand comfortably in waist-deep water, feet shoulder-width apart. Reach high above the head and stand on the toes, and stretch as much as is comfortable. Drop down into a relaxed crouched position and shake and relax.

Leg Loosener - stand on the left leg and lift the right knee, letting the bottom part of the leg hang loosely. Make circles with the bottom part of the leg for 10 seconds, and then reverse direction for 10 seconds, then change legs and repeat.

Calf Stretcher - stand facing a side wall and lean forward, placing hands on the wall. Keeping the heels in contact with the bottom of the pool and the knees, hips, and back straight, walk away from the wall until you feel a stretching in the calf. Stop and hold for 10-15 seconds, relax, and repeat.

Side Stretcher - stand with left side toward the wall, and left arm bracing against the wall. With right arm extended over the head, and body aligned in proper posture, lean to the left slowly, stretching the right side. Stretch to the point of discomfort and hold for 10 seconds. Relax and repeat. Do the same for the right side.

Front Thigh Stretcher - stand with left side to the wall, bracing yourself with your left hand. Grasp the right ankle with the right hand, just below the buttock. Pull and lift the leg to the rear until the point of discomfort. Hold for 10 seconds, relax and repeat. Do for both sides.

Hamstring Stretcher - stand facing the side wall. Place the left foot as high on the wall as possible. Bending at the hips, lean forward as far as possible, keeping the legs straight, and hold for 10 seconds. Relax and repeat. Repeat twice for right leg.

Hamstring and Lower Back Stretch - hang onto the wall with the feet on the wall, about hip height. Lower the left leg toward the bottom of the pool, against the wall, and press back with the right leg, rounding the back and stretching the right hamstring. Hold for 10 seconds, relax, and repeat. Twice for each leg.

Toe Touch - standing on left leg, lift straight the right leg in front of you, and touch as near the toes as possible with the left hand. Alternate legs (can be done standing still).

Tummy Tuck - hang onto the wall with your back to the wall. Draw your knees up toward the chest while flattening the lower back against the wall. Hold for 3-5 seconds, relax, and repeat.

Tummy Twister - hang onto the side of the pool, with back to the wall. Let the legs float up in front of the body until laid out on top of the water. Twist over to the left hip, and then twist back to the right hip. Repeat.

Leg Press - facing the wall, hold onto the wall and float away. Keeping the legs straight and the back straight on top of the water, press the legs down to a standing position. Float back and repeat.

Push Aways - lean forward and place your hands on the wall, keeping the knees, hips, and back straight. Lower the chest to the wall and push away. Repeat as in push-ups (the greater the forward lean, the harder the push away).

Arm Pulls - stand with knees bent so the water is almost shoulder depth. Place one arm straight out in front, the other straight out behind. Pull/push against the water and alternate positions. Repeat.

Kickboard Press - place the hands flat on top of a kickboard directly in front of the body. Maintaining proper posture, press the kickboard under water until the arms are extended. Let it rise back to the top slowly. Repeat.

Kickboard Swings - stand with the feet spread comfortably, establishing a good base. With a kickboard to the left of the body, place the left hand at the bottom of the board and the right hand at the top. Pulling with the right arm, pushing with the left arm, and twisting with the body, swing the kickboard around to the right side. Turn it upsidedown so the right hand is on the bottom, left hand on the top, and repeat back to the left. Repeat.

Cardiovascular Conditioners

Split Jumps - from a standing position, jump slightly and spread the legs (right leg in front, left leg in back). Immediately jump and return to the starting position, then jump and split with right leg in back and left leg in front, then back to starting position. Continue (legs may also split to the side; exercise may be done by alternating the two different movements).

Flutter Kicks - hold onto the side of the pool and brace with one arm. Begin kicking with the legs, swinging them wide apart, and alternating (may be done on front or back).

Ski Slalom - keeping the feet together, jump up and bounce the feet to the right side. Immediately bounce back up and bounce the feet across to the left side. Imagine that you are jumping over a bench. The higher the bench, the greater the work.

Walk/March/Jog - move through the water at whatever pace suits you!

Charleston Kick - stand with feet shoulder-width apart, arms by the sides. Bounce slightly and kick the left heel up to the left hand. Back to starting position, bounce slightly and kick the right heel to the right hand. Continue to alternate.

Cool-Down

Wedding March - walk slowly. As the trail leg passes, pause. As you step forward the next trail leg pauses, then steps forward.

Wiggle Through - bend the knees so that the shoulders are under water, then begin wiggling the shoulders and the upper body, and move across the pool.

Easy Kicks - lean back against the wall and let the body float up. Begin doing an easy frog-kicking motion, moving slowly and not pressing the water.

To the Physician:

_____ has enrolled in a water exercise class. The instructor will lead participants through various exercises in the water, with the intent of allowing the participants to raise their heart rate to 75% of maximum capacity for a period of 10-40 minutes. Each session consists of: (a) a warm-up period, stressing flexibility and muscle tone, alone with a gradual rise in heart rate; (b) an "aerobic" period, stressing a monitored heart rate at a predetermined level up to 75% of maximum capability (usually measured as 75% of 220 BPM-age), using dynamic movements of large muscle groups for a period of 10-40 minutes; and (c) a cool-down period, allowing the heart rate to approach resting levels while continuing to move.

Heart rates are monitored by participants; intensity and duration of exercise are voluntary. A lifeguard is present at all times, as well as personnel trained in cardiopulmonary resuscitation.

My examination of _____ has revealed no contraindications to the exercise program described above.

_____
Physician's Signature

_____
Address

_____

_____
Phone

PARTICIPANT INFORMATION

1. Participant's Name: _____
   Last First

2. Date of Birth: _____
   Month Day Year

3. Today's Date: _____
   Month Day Year

4. Address: _____
   Street City State Zip

5. Spouse, Relative, or Close Friend (to contact in case of emergency):

   _____
   Name

   _____ _____
   Address Phone

   _____
   Relation

6. Private Physician: _____
   Name

   _____ _____
   Address Phone

7. Employer: _____

8. Sex: _____Male _____Female

9. Employment Status:

   _____ Employed _____ Looking for work _____ On disability

   _____ Retired _____ Not in the labor force

10. Occupation:

   _____ Professional _____ Clerical Worker

   _____ Sales Worker _____ Laborer

   _____ Equipment Operator _____ Manager/Administrator

   _____ Service Worker _____ Crafts Worker

   _____ Technician _____ Farmer/Farm Worker

   _____ Household Worker (or spouse working in the home)

CARDIOVASCULAR HISTORY

1. Have you ever been hospitalized for any of the following cardivascular events?

   A. Heart attack _____Yes _____No

   _____Number of events _____Date of last occurrence

   _____Hospital/Clinic Dates

   B. Unstable Angina _____Yes _____No

   _____Number of events _____Date of last occurrence

   _____Hospital/Clinic Dates

   C. Cardiac Arrest _____Yes _____No

   _____Number of events _____Date of last occurrence

   _____Hospital/Clinic Dates

2. Have you ever had any of the following diagnostic procedures performed?

   A. Complete medical evaluation by your physician

   _____Yes _____No _____Number

   _____Date of last occurrence

   _____Hospital/Clinic Dates

   B. Treadmill/Bicycle exercise test

   _____Yes _____No _____Number

   _____Date of last occurrence

   _____Hospital/Clinic Dates

   C. Coronary arteriography

   _____Yes _____No _____Number

   _____Date of last occurrence

   _____Hospital/Clinic Dates

Cardiovascular History - Cont'd.

D. Long-term monitoring of your heart rhythm

_____Yes _____No _____Number

_____Date of last occurrence

_____Hospital/Clinic Dates

E. Thalium or other radionodule scan

_____Yes _____No _____Number

_____Date of last occurrence

_____Hospital/Clinic Dates

F. Echocardiography

_____Yes _____No _____Number

_____Date of last occurrence

_____Hospital/Clinic Dates

3. Have you ever had any of the following cardiovascular surgeries?

A. Coronary bypass graft - _____Yes _____No _____Number

_____Date of last occurrence

_____Hospital/Clinic Dates

B. Peripheral vascular surgery - _____Yes _____No

_____Number _____Date of last occurrence

_____Hospital/Clinic Dates

C. Cardiac valve replacement - _____Yes _____No

_____Number _____Date of last occurrence

_____Hospital/Clinic Dates

D. Other heart surgery - _____Yes _____No _____Number

_____Date of last occurrence

_____Hospital/Clinic Dates

CARDIOVASCULAR SYMPTOMS

1. Angina Pectoris

A. Have you ever had recurrent pain, pressure, aching, or tightness in your chest or surrounding areas?

_____Yes _____No (If not, skip to question 2)

B. How long ago did you first experience this discomfort?

_____Years or _____Months

C. Where did you have this discomfort?

_____Middle of your chest, under the breast bone

_____Left side of chest _____Right side of chest

_____Left arm _____Right arm _____Other

D. Did this discomfort occur with or just after...?

_____Physical exertion _____Eating _____Smoking

_____Anger, excitement, or other emotional upset

_____Exposure to cold _____None of these apply

E. Did the discomfort worsen when you...?

_____Pressed on your chest _____Took a deep breath

_____Changed body positions _____None of these apply

F. Was the discomfort relieved by...?

_____Rest _____Nitroglycerin _____Other medicine (Specify)

_____None of these apply

G. Did the discomfort ever occur spontaneously when awake?

_____Yes _____No

H. Did it ever awaken you from sleep? _____Yes _____No

I. During the past three months, have you experienced such discomfort?

_____Yes _____No

Cardiovascular Symptoms (Angina Pectoris) - Cont'd.

J. Please answer the following with respect to discomfort experienced during the past three months:

1. How often did this discomfort occur during the past three months?

_____Average number of episodes per day

_____Maximum number of episodes per day

2. How long did these episodes of discomfort last during the past three months?

_____Average duration in minutes

_____Longest duration in minutes

3. What was the severity of the discomfort during the past three months in comparison to the previous three month period?

_____More severe _____Less severe _____Equally severe

2. Skipped Beats and Unusual Heart Rhythms

A. Have you ever experienced any "skips" or "jumps" in your heart rhythm?

_____Yes _____No (If not, go to question 3)

B. How long ago did you first notice these "skips" or "jumps" in rhythm?

_____Years or _____Months

C. What seemed to trigger them?

_____Physical exertion _____Smoking

_____Alcohol _____Fatigue

_____Coffee _____None of these

_____Anger, excitement, or other emotional upset

D. During the past three months, have you experienced these "skips" or "jumps"?

_____Yes _____No (If no, go to question 3)

Cardiovascular Symptoms (Skipped Beats) - Cont'd.

E. Please answer the following with respect to "skips" or "jumps" occurring during the past three months:

1. How often did they occur during the past three months?

Average number of "skips" or "jumps" per minute_____

Greatest number of "skips" or "jumps" per minute_____

2. During the past three months, did you take medication for "skipped beats" or abnormal heart rhythm?

_____Yes _____No

3. Congestive Heart Failure

A. Have you ever had any of the following symptoms?

1. Shortness of breath which awakened you from sleep.

_____Yes _____No

2. Swelling of both ankles, present on morning awakening.

_____Yes _____No

3. Undue or unexpected breathlessness during exertion.

_____Yes _____No

4. Undue or unexpected fatigue during exertion.

_____Yes _____No

B. If you checked yes to any of the above symptoms, what was the most recent date of such an episode?

_____Month _____Year

4. Stroke or Impending Stroke

A. Have you ever had any of the following symptoms?

1. Difficulty speaking or seeing. _____Yes _____No

2. Weakness or clumsiness of an arm or leg.

_____Yes _____No

3. Difficulty speaking or seeing combined with weakness or clumsiness of an arm or leg.

_____Yes _____No

Cardiovascular Symptoms (Stroke or Impending Stroke) - Cont'd.

B. If you checked yes to any of the symptoms, please answer the following:

1. Did the symptom(s) usually occur abruptly, then clear completely?

_____Yes _____No

2. Have they ever occurred during or just after exercise?

_____Yes _____No

3. How many such episodes occurred within the past three months?

_____

4. What was the most recent date of such an episode?

_____

5. Intermittent Claudication

A. Have you ever had muscle aching in either leg occurring with walking and relieved by less than 10 minutes rest?

_____Yes _____No (If no, go to question 6)

B. How long ago did you first experience this discomfort?

_____Years or _____Months

C. Where in the legs did the discomfort occurr?

	Buttock	Thigh	Calf
Right leg	_____	_____	_____
Left leg	_____	_____	_____

D. During the past three months, have you experienced this discomfort?

_____Yes _____No (If no, go to question 6)

E. Please answer the following with respect to such discomfort occurring during the past three months:

1. How many episodes occurred, on the average, per week?

_____

Cardiovascular Symptoms (Intermittent Claudication) - Cont'd.

2. How many blocks could you walk before this discomfort stopped you from walking?

_____Number of blocks at a normal pace

_____Number of blocks at a fast pace

3. What was the duration of the discomfort after you stopped walking?

_____Average duration in minutes

_____Longest duration in minutes

6. Musculoskeletal Problems

Have you ever had...

A. Incapacitating back pain? _____Yes _____No

If yes, how long ago did you experience this pain?

_____Years or _____Months

B. Incapacitating joint pain? _____Yes _____No

If yes, where is it located? _____

If yes, how long ago did you experience pain? _____

C. Incapacitating muscle pain? _____Yes _____No

1. Smoking

A. What is your current smoking status?

_____Never smoked as a habit (If so, go to question 8)

_____Current smoker _____Ex-smoker

(If ex-smoker, when did you stop? _____Year)

B. If you are a current smoker, please answer the following items giving your present smoking behavior. If you are an ex-smoker, answer items about your smoking behavior before the last time you stopped smoking.

Coronary Risk Factors (Smoking) - Cont'd.

	Total Number of Years Smoked	Inhaled?	Average Number Smoked per Day
1. Cigarettes	_____	___Yes ___No	_____
2. Cigars or cigarillos	_____	___Yes ___No	_____
3. Pipefuls of tobacco	_____	___Yes ___No	_____

C. Did your doctor ever say anything to you about quitting?

_____Yes _____No

If yes, please answer the following:

1. Were you ever explicity told to stop or was it just advised that you quit or cut back?

_____Told to stop _____Advised to quit or cut back

2. When did your doctor <u>last</u> say anything about quitting?

_____Before diagnosis of coronary disease

_____After diagnosis of coronary disease

3. Did you stopwhen your doctor <u>last</u> advised or told you to stop?

_____Yes _____No

D. If you are an <u>ex-smoker</u>, how did you manage to stop?

_____On your own _____Commercial stop-smoking plan

_____YMCA Stop Smoking Clinic _____5-Day Plan

E. If you are a <u>current smoker</u>, have you ever made an attempt to stop?

_____Yes _____No

(If yes, check previous attempts)

_____On your own _____Commercial stop-smoking plan

_____YMCA Stop Smoking Clinic _____5-Day Plan

Longest time stopped:_____Weeks or _____Months or _____Years

Coronary Risk Factors - Cont'd.

2. High Blood Pressure

   A. Have you ever been told that your blood pressure was too high?

   _____Yes _____No

   (If no, go to question 3)

   B. Have you ever taken medicine for high blood pressure?

   _____Yes _____No

   C. Do you take such medicine now? _____Yes _____No

3. Blood Fats (High Cholesterol and Triglycerides)

   A. Have you ever been told that your cholesterol was too high?

   _____Yes _____No

   B. Have you ever been told that your triglycerides were too high?

   _____Yes _____No (If no to both question, go to question 4)

   C. Have you ever followed a written diet to lower your blood fats?

   _____Yes _____No

   (If yes, answer the following questions)

   1. Did the diet lower your blood fats? _____Yes _____No

   2. Are you regularly following such a diet?

   _____Yes _____No

   D. Have you ever taken medications to lower your blood fats?

   _____Yes _____No (If yes, answer the following questions)

   1. Did the medication lower your blood fats?

   _____Yes _____No

   2. Are you regularly taking such medications?

   _____Yes _____No

Coronary Risk Factors - Cont'd.

4. Obesity

A. What has been your usual weight during the past year?

_____

B. What do you believe to be your ideal weight now?

_____

C. What did you weight at age 22? _____

D. What has been your maximum weight since age 22? _____

E. Have you ever been told by your doctor or by a dietician that you were overweight?

_____Yes _____No

F. Have you ever made any attempts to lose weight?

_____Yes _____No

(If yes, please answer the following questions)

1. What previous attempts did you make?

_____Published written diet

_____Diet instruction by a dietician

_____YMCA Weight Management Clinic

_____Other

2. If you were married, did your spouse help you stick with the diet?

___Yes ___No ___Not married

3. What was the most weight that you lost? _____

5. Sugar Diabetes (Diabetes Mellitus)

A. Have you ever been told that you had sugar diabetes or a high blood sugar?

___Yes ___No (If no, go to question 6)

B. When were you first told? _____Year

C. Do you take pills for diabetes? ___Yes ___No

D. Do you take insulin for diabetes? ___Yes ___No

Coronary Risk Factors - Cont'd.

6. Family History of Heart Disease

Please provide the following information concerning the cardiovascular health of your parent family and their relations. Consider only those family members who are blood relatives.

	Thought to Have Coronary Disease Under Age 60?	Age if Living	Age at Death	(If not Living) Cause of Death Due to Coronary Disease?
A. Father	___Yes ___No	_____	_____	___Yes ___No
B. Mother	___Yes ___No	_____	_____	___Yes ___No

	Number Thought to Have Coronary Disease Under Age 60	Number Living	Number Dead	Number of Deaths Due to Coronary Heart Disease
C. Brothers & Sisters	_____	_____	_____	_____
D. Grand-parents (4)	_____	_____	_____	_____
E. Aunts & Uncles (Blood relatives only)	_____	_____	_____	_____

7. Physical Activity

A. During the past three months, how many hours did you spend on the job in an average week?

_____

B. Occupational Time: During the past three months, check the average time you spent:

1. Sitting on the job:

___Nearly all ___Over half ___Half ___Under half ___Nearly none

2. Walking on the job:

___Nearly none ___Under half ___Half ___Over half ___Nearly all

3. Lifting or carrying heavy things on the job (more than 30 pounds):

___Almost never ___Several times a day ___Frequently during the day

Coronary Risk Factors (Physical Activity) - Cont'd.

4. Transportation to work (check only one):

___Ride or drive to work

Walk: ___0-¼ mile ___¼-½ mile ___½-1 mile ___1-2 miles ___2+ miles

Bicycle: ___0-2 miles ___2-4 miles ___4+ miles

C. Leisure Time: During the past three months, check the average weekly time you spend in:

1. Outdoor walks at least 10 minutes each:

___None ___1-7 walks per week ___More than 7 walks per week

2. Physical activity vigorous enough to cause sweating:

___None ___1-3 times per week ___More than 3 times per week

3. Household maintenance and repairs:

___None ___30-60 minutes per week ___More than 60 minutes per week

4. Yard and garden maintenance:

___None ___30-60 minutes per week ___More than 60 minutes per week

D. During the past three months, how many hours did you usually sleep per day?

_____

8. Work Situation

A. Have you worked on the job during the past three months?

___Yes ___No (If no, go to question 9)

B. How many weeks of vacation did you take in the past year?

_____

C. How many weeks did you spend out of town on business in the past year?

_____

Coronary Risk Factors (Work Situation) - Cont'd.

D. Does your job entail:

	Yes	No
1. Extremes of environmental temperature?	_____	_____
2. Big and quick decisions?	_____	_____
3. Competition?	_____	_____
4. Nervous tension?	_____	_____

E. How would you rate your overall satisfaction with your job?

_____Very satisfied _____Satisfied

_____Somewhat dissatisfied _____Dissatisfied

9. Alcohol Consumption

A. Did you drink any alcoholic beverages during the past three months?

___Yes ___No (If no, go to question 10)

B. How much, on the average, did you drink during the past three months?

	Beer or Ale	Wine or Sherry	Hard Liquor
1. How often?	___Days per week	___Days per week	___Days per week
2. Number on a typical day:	___12oz. cans/bottles	___4 oz. glasses	___1 oz. shots/drinks

INFORMED CONSENT FOR EXERCISE PROGRAM

I, _____, have requested enrollment in a water exercise class. It is understood that the instructor will lead participants through various exercises in the water, with the intent of allowing the participants to raise their heart rate to 75% of maximum capacity for a period of 10-40 minutes. Each session consists of: (a) a warm-up period, stressing flexibility and muscle tone, along with a gradual rise in heart rate; (b) an "aerobic" period, stressing a monitored heart rate at a predetermined level up to 75% of maximum capability (usually measured as 75% of 220 BPM-age), using dynamic movements of large muscle groups for a period of 10-40 minutes; and (c) a cool-down period, allowing the heart rate to approach resting levels while continuing to move.

I further understand that I will be taught to monitor my own heart rate. The intensity and duration of exercise is totally voluntary--I may choose to decrease intensity or totally withdraw from exercise at any time.

Exercise of this nature has the potential for aggravation of cardio-respiratory and/or musculoskeletal problems, including heart attack. Sore, strained, or pulled muscles are also possible. This exercise may also render improvements in functional capacity, respiration, circulation, strength, body composition, and flexibility.

I have read the above information, and fully understand the nature of the water exercise program, the risks and benefits involved, and that I may withdraw from participation at any time.

_____
Signature

_____
Date

_____
Witness